

STRIDES

AUTOMOTIVE

Strides Automotive Services Pte. Ltd.
 2 Tanjong Katong Road, Tower 3, Paya
 Lebar Quarter, #08-01, Singapore 437161
 Tel: 65 69083530 Fax: 65 69083592

Tax Invoice

GST Reg No. : MR-8500001-7
 CRN : 199004280Z
 Invoice No. : IV220400064
 Date : 12.04.2022
 Vehicle No. : SHB5925T
 Your Ref No. : TAX/03/22/2040
 Our Ref No. : 24114315
 Terms : 30 Days

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
 SINGAPORE 757705



Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
Parts					
REAR BUMPER REINFORCEMENT	0.00	\$ 332.70	0.00	\$ 0.00	\$ 0.00
COVER, RR BUMPER ASSY	1.00	\$ 485.60	(100.00)	\$ 485.60	\$ 0.00
PAD, RR BUMPER, RH & LH , 3	0.00	\$ 11.00	0.00	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH , 2	0.00	\$ 4.00	0.00	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH , 1	0.00	\$ 4.00	0.00	\$ 0.00	\$ 0.00
PAD, RR BUMPER, CTR	0.00	\$ 11.00	0.00	\$ 0.00	\$ 0.00
RETAINER, RR BUMPER, LH	0.00	\$ 132.60	0.00	\$ 0.00	\$ 0.00
SEAL, RR BUMPER , LH	0.00	\$ 118.30	0.00	\$ 0.00	\$ 0.00
CLIPS PIECE, FRT & RR BUMPER	0.00	\$ 4.50	0.00	\$ 0.00	\$ 0.00
GUARD, RR BUMPER, LOWER	0.00	\$ 374.50	0.00	\$ 0.00	\$ 0.00
COVER, GUARD RR BUMPER LOWER	0.00	\$ 22.00	0.00	\$ 0.00	\$ 0.00
REAR BUMPER REFLECTOR ASSY, REFLEX, LH	0.00	\$ 39.00	0.00	\$ 0.00	\$ 0.00
REAR BUMPER GROMMET SCREW	0.00	\$ 2.20	0.00	\$ 0.00	\$ 0.00
COVER, REAR FLOOR UNDER , LH	0.00	\$ 241.90	0.00	\$ 0.00	\$ 0.00
LENS & BODY, REAR COMBINATION LAMP , LH	0.00	\$ 339.60	0.00	\$ 0.00	\$ 0.00
COVER, REAR COMBINATION LAMP, LH	0.00	\$ 69.90	0.00	\$ 0.00	\$ 0.00
SOCKET & WIRE SUB-ASSY, REAR COMBINATION LAMP, LH	0.00	\$ 52.30	0.00	\$ 0.00	\$ 0.00
LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	0.00	\$ 261.00	0.00	\$ 0.00	\$ 0.00
LAMP ASSY, REAR, LH	0.00	\$ 293.60	0.00	\$ 0.00	\$ 0.00
SENSOR REVERSE	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
ANTENNA, ELECTRICAL KEY	0.00	\$ 72.00	0.00	\$ 0.00	\$ 0.00
PANEL SUB-ASSY, FENDER REAR LH	1.00	\$ 871.50	(100.00)	\$ 871.50	\$ 0.00

Payment Instructions

By Cheque: Crossed and made payable to "Strides Automotive Services Pte. Ltd." with invoice no. indicated on the reverse side. No receipt will be issued unless requested.

By Bank Transfer:

Account Name : Strides Automotive Services Pte. Ltd.
 Bank Name : DBS Bank Ltd - SGD
 Bank Account No.: 018-008617-4
 Swift Code : DBSSSGSG

Koo Yew Chung
 Koo Yew Chung (Apr 20, 2022 10:50 GMT+8)

Authorised Signature
 for Strides Automotive Services Pte. Ltd.



AUTOMOTIVE

Customer Code: 3000063

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60 WOODLANDS INDUSTRIAL PARK E4
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Description	Qty	Unit Cost	Add %	/ (Discount) Amount		Amount
LINER, REAR FENDER , LH	0.00	\$ 139.80	0.00	\$	0.00	\$ 0.00
Sub-Total						\$ 0.00
Labour						
TO REPAIR LH REAR PORTION	1.00	\$ 300.00	0.00	\$	0.00	\$ 300.00
Others						
TO RESPRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$	0.00	\$ 200.00
TO RESPRAY REAR FENDER LH	1.00	\$ 200.00	0.00	\$	0.00	\$ 200.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$	0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$	0.00	\$ 0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$	0.00	\$ 0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	0.00	\$ 120.00	0.00	\$	0.00	\$ 0.00
GRAND TOTAL						\$ 700.00

Remark :

Make/Model : PRIUS4FL
Accident Date : 18.03.2022

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Bank Name : DBS Bank Ltd - SGD
Bank Account No.: 018-008617-4
Swift Code : DBSSSGSG

Koo YEW Chung

Koo YEW Chung (Apr 20, 2022 10:16 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

MEMORANDUM

To: Claims Dept

Our Ref: TAX/03/22/2040

From: Strides Taxi Pte Ltd

Date: 31st March 2022

ACCIDENT ON 18/3/2022 INVOLVING SHB 5925T & SDR 3396X AT 3015 UBI ROAD 1

This is to confirm that the daily rental rate for SHB 5925T is \$73.00 per day.

Please proceed to recover any rental loss from the third party as a result of the above accident.

Thank you.

Yours sincerely
STRIDES TAXI PTE LTD



for Manager

Laid Up Report

Accident Start Date : 12/03/2022

Date Generated : 30/03/2022

Accident End Date : 30/03/2022

User Name : LeeGek

Case Reference Number	Vehicle Registration Number	Company Type	Vehicle Make	Vehicle Model	Job Card Number	Date and Time (Accident Repair)	Date and Time (Repair Completed)
TAX/03/22/2040	SHB5925T	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24114315	18/03/2022 1:54 PM	24/03/2022 9:27 AM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	18/03/2022 15:22 (SGT)
Date of Accident	18/03/2022 11:50 (SGT)
Exact Location of Accident	3015 Ubi Rd 1, Singapore 408704
Additional Location Information	3015 UBI ROAD 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5925T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd
Company Reg No	1XXXXX369K
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	NG BOON ANN (HUANG WEN'AN)
NRIC No	SXXXX268H

Date Of Birth	21/09/1971
Occupation	Outdoor
Date Of Driving Pass	28/07/1995
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662671
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG 3015 UBI ROAD 1 AS I WAS WAITING FOR MY PASSENGER. SUDDENLY I FELT AN IMPACT AT THE REAR PORTION OF MY TAXI. A VEHICLE SDR3396X WHICH WAS REVERSING FROM THE PARKING LOT, HAD COLLIDED ONTO THE LEFT REAR PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDR3396X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

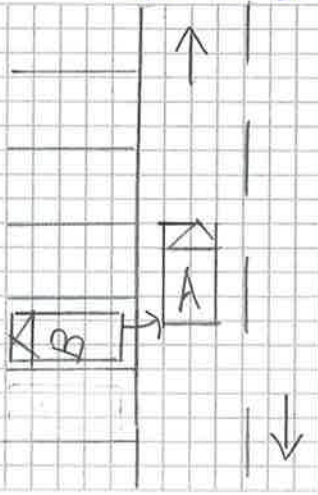
Witnessed by Reporting Centre Personnel

Sketch Plan

UBI ROAD 1 (3015)

A - SHB5925T
B - SDR3396X

STOPS



Date: 18/3/2022

Our Ref. No.:

Letter of Authorisation

I, Ng Boon Ann (NRIC No.: _____) the registered hirer / relief driver / taxi share driver of Strides taxi registration number 8HB59257 hereby authorise **Strides Automotive Services Pte Ltd** ("**AutoSvs**") to deal with all matters arising out of the accident between my taxi and SDR 3396X happened on SDS 1150 hrs along Ubi Rd 1 3015 18/3/22 (the "**Accident**") on my behalf, including but not limited to instituting and any claims or proceedings against such party or parties (as AutoSvs deems fit in its absolute discretion) in respect of any claim, demand, loss, cost, expense, liability, damages or action made against us or incurred or suffered by us.

Without prejudice to the foregoing, I further authorise AutoSvs to negotiate, resolve and settle any proceeding or claim arising out of the accidents, including but not limited to doing any act or executing any document or signing the Discharge Voucher on my behalf as may be required.

Name : Ng Boon Ann Signature: 

NRIC No. :

Tel No. :

Address :

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	18 Mar 2022 / 14:51:21	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SDR3396X		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20220318145121865933
Search Date / Time:	18 Mar 2022 11:50:00		
Insurance Company:	AIG ASIA PACIFIC INSURANCE PTE. LTD.		

Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

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